

<b>Case Number:</b>	CM14-0160146		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	12/18/2012
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Acupuncturist and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 57-year-old female who sustained an industrial injury on 12/18/12. The mechanisms of the injuries are unknown at this time. In November 2013 she was diagnosed with Status post Cervical Fusion (ACDF C5-6 and C6-7). She has had PT and medications in the past. In September 2014, her physician documented that the patient presented without complaints and denied any pain. She had full range of motion without pain. There is no documented evidence of spasms or inflammation and her incisions were healed without erythema. After reviewing the documentation provided, the records indicate that the patient is virtually asymptomatic. The documentation provided fails to demonstrate any clinical evidence for the requested 4 acupuncture sessions for the cervical spine. The medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Acupuncture 1 time a week for 4 weeks for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The patient is a 57-year-old female who sustained an industrial injury to her cervical spine on 12/18/12. The patient underwent surgical fusion (ACDF C5-6 and C6-7). She had PT for her injuries and medication to control her pain. As of September 2014, her physician documented that the patient presented without complaints and denied any pain. She had full range of motion without pain. There is no documented evidence of spasms or inflammation and her incisions were healed without erythema. As per CA MTUS Acupuncture Medical Treatment Guidelines (9792.24.1) Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to expedite functional recovery. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 CA MTUS Acupuncture Guidelines requires clinical evidence of functional improvement for additional care to be considered. CA Acupuncture guidelines cited, 9792.24.1 states that the time to produce significant improvement is 3-6 treatments. It also states that acupuncture may be extended if functional improvement is documented including significant improvement in activities of daily living, reduction of work restriction, and reduction of dependency on continued medical treatment. The current documentation suggests that the patient is virtually asymptomatic and has full range of motion without pain. Therefore, the request for 4 acupuncture treatments for the cervical spine would not be medically necessary.